

FORM 5. INVOLUNTARY PETITION

United States Bankruptcy Court		INVOLUNTARY PETITION																								
Northern	District of	Illinois																								
IN RE (Name of Debtor - If Individual: Last, First, Middle) Universal Enterprises Midwest, LLC	ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden, and trade names.)																									
Last four digits of Soc. Sec. No./Complete Tax I.D. No.																										
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1650 Lake Cook Road, Deerfield, IL 60015	MAILING ADDRESS OF DEBTOR (If different from street address)																									
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS</td> </tr> <tr> <td>Lake</td> </tr> </table>			COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	Lake																						
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LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) 1650 Lake Cook Road, Deerfield, IL 60015																										
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED																										
<input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11																										
INFORMATION REGARDING DEBTOR (Check applicable boxes)																										
Petitioners believe: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>Debts are primarily consumer debts.</td> <td style="width: 30px;"><input type="checkbox"/></td> <td>Corporation Publicly Held</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Debts are primarily business debts (complete sections A and B)</td> <td><input type="checkbox"/></td> <td>Partnership <input type="checkbox"/> Corporation Not Publicly Held</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u></td> </tr> </table>			<input type="checkbox"/>	Debts are primarily consumer debts.	<input type="checkbox"/>	Corporation Publicly Held	<input checked="" type="checkbox"/>	Debts are primarily business debts (complete sections A and B)	<input type="checkbox"/>	Partnership <input type="checkbox"/> Corporation Not Publicly Held			<input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u>													
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A. TYPE OF BUSINESS (Check one) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>Professional</td> <td style="width: 30px;"><input type="checkbox"/></td> <td>Transportation</td> <td style="width: 30px;"><input type="checkbox"/></td> <td>Commodity Broker</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Retail/Wholesale</td> <td><input type="checkbox"/></td> <td>Manufacturing/</td> <td><input type="checkbox"/></td> <td>Construction</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Railroad</td> <td><input type="checkbox"/></td> <td>Mining</td> <td><input type="checkbox"/></td> <td>Real Estate</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/></td> <td>Stockbroker</td> <td><input checked="" type="checkbox"/> Other</td> </tr> </table> B. BRIEFLY DESCRIBE NATURE OF BUSINESS Healthcare services holding company			<input type="checkbox"/>	Professional	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Commodity Broker	<input type="checkbox"/>	Retail/Wholesale	<input type="checkbox"/>	Manufacturing/	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Railroad	<input type="checkbox"/>	Mining	<input type="checkbox"/>	Real Estate				<input type="checkbox"/>	Stockbroker	<input checked="" type="checkbox"/> Other
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			<input type="checkbox"/>	Stockbroker	<input checked="" type="checkbox"/> Other																					
VENUE																										
<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.																										
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)																										
Name of Debtor VeridianHealth, LLC	Case Number	Date 8/10/05																								
Relationship 100% owned subsidiary	District N.D. Illinois Eastern Division																									
ALLEGATIONS (Check applicable boxes)																										
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute; or b. <input checked="" type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a receiver, or agent appointed or authorized to take charge of less than substantial of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.																										
<i>U.S. Bankruptcy Court Northern District Of Illinois</i> Filed: 08/10/2005 Time: 17:06:46 Debtor: UNIVERSAL ENTERPRISES Case: 05-31511 Chapter: 11 Rec. #: 3136552 Fee : 839 Judge: Carol Doyle																										
 1:05BK31511-BK001																										

FORM 5 Involuntary Petition
(6/92)

Name of Debtor Universal Enterprises Midwest, LLC
Case No. _____
(court use only)

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Michael E Hayes, FVP
Signature of Petitioner or Representative (State title)
JPMorgan Chase Bank, NA 8/9/05

Name of Petitioner Date Signed
JPMorgan Chase Bank, NA
Name & Mailing Address of Individual
120 S. LaSalle St., 6th Fl.
Signing in Representative Chicago, IL 60603
Capacity Michael E. Hayes

First Vice President

X Chad H. Gettleman 8/9/05
Signature of Attorney Date
Chad H. Gettleman, Esq.
Name of Attorney Firm (If any)
Adelman & Gettleman, Ltd.
Address
53 W. Jackson Blvd., Suite 1050, Chicago, IL 60604
Telephone No.
312-435-1050

X
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed
Name & Mailing Address of Individual
Signing in Representative
Capacity

X
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

X
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed
Name & Mailing Address of Individual
Signing in Representative
Capacity

X
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>JPMorgan Chase Bank, NA</u> <u>120 S. LaSalle St., 6th Fl, Chicago, IL 60603</u>	<u>Fromissory Notes and related charges and fees .</u>	<u>\$8,408,793.34</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	\$8,408,793.34